

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No.
Applicant(s): Dekkers et al.			146349-1
Serial No. 10/797,975	Filing Date March 11, 2004	Examiner NYA	Group Art Unit NYA
Invention: BIOCIDAL COMPOSITIONS AND METHODS OF MAKING THEREOF			RECEIVED CENTRAL FAX CENTER APR 27 2004
OFFICIAL			
I hereby certify that this <u>Amendment Transmittal (1 pg) &amp; Preliminary Amendment (3 pgs)</u> .. (Identify type of correspondence)			
Is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u> )			
on <u>April 23, 2004</u> (Date)			
Lindsay Wells (Typed or Printed Name of Person Signing Certificate)			
<u>Lindsay Wells</u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 146349-1	
Applicant(s): Dekkers et al	Serial No. 10/797,975	Filing Date 03/11/04	Examiner NYA	Group Art Unit NYA		
Invention: <b>BIOCIDAL COMPOSITES AND METHODS OF MAKING THEREOF</b>						
<u>TO THE COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	1 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0862 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
Karen A. LeCuyer <i>Signature</i>			Dated: April 23, 2004			
Karen A. LeCuyer Registration No. 51,928 Customer No. 23413 (860) 286-2929			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on April 23, 2004 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p><i>Lindsay Wells</i> Signature of Person Mailing Correspondence</p><p>Lindsay Wells VIA FACSIMILE Typed or Printed Name of Person Mailing Correspondence</p></div>			
cc:						